

Money Follows the Person (MFP) Update

December 2021

General Transition Information

151	Consumers have transitioned out of a qualifying facility since Iowa resumed transitions in April 2019
750	Consumers have transitioned out of the ICF/ID or a Nursing facility since September 2008 through 12/31/18
42	Consumers have transitioned out of an ICF/ID and are living in qualified living arrangements in the community for calendar year 2021
24	Consumers have transitioned out of Nursing Facility and are living in qualified living arrangements in the community for calendar year 2021
4	Consumer has transitioned out of an inpatient hospital setting and are living in qualified living arrangements in the community in calendar year 2021
0	Consumer has transitioned out of a PMIC setting and are living in qualified living arrangements in the community in calendar year 2021
49	Consumers have transitioned out of an ICF/ID and are living in qualified living arrangements in the community for calendar year 2020
16	Consumers have transitioned out of Nursing Facility and are living in qualified living arrangements in the community for calendar year 2020
3	Consumer has transitioned out of an inpatient hospital setting and are living in qualified living arrangements in the community in calendar year 2020
1	Consumer has transitioned out of a PMIC setting and are living in qualified living arrangements in the community in calendar year 2020
9	Consumers have transitioned out of an ICF/ID and are living in qualified living arrangements in the community for calendar year 2019
5	Consumers have transitioned out of Nursing Facility and are living in qualified living arrangements in the community for calendar year 2019
0	Consumer has transitioned out of an inpatient hospital setting and are living in qualified living arrangements in the community in calendar year 2019
54	Consumers have transitioned out of an ICF/ID and are living in qualified living arrangements in the community for calendar year 2018
37	Consumers have transitioned out of Nursing Facility and are living in qualified living arrangements in the community for calendar year 2018
8	Consumer has transitioned out of an inpatient hospital setting and are living in qualified living arrangements in the community in calendar year 2018
44	Consumers have transitioned out of an ICF/ID and are living in qualified living arrangements in the community for calendar year 2017

23	Consumers have transitioned out of a Nursing Facility and are in qualified living arrangements in the community for calendar year 2017
9	Consumers have transitioned out of an inpatient hospital setting and are living in a qualified living arrangement in the community in calendar year 2017
32	Consumers have transitioned of the ICF/ID and are living in qualified living arrangements in the community in calendar year 2016
28	Consumers have transitioned out of a Nursing Facility and are living in qualified living arrangements in the community in calendar year 2016
5	Consumers have transitioned out of an inpatient hospital setting and are living in qualified living arrangements in the community in calendar year 2016
122	Consumers transitioned out of an ICF/ID and are living in qualified living arrangements in the community in calendar year 2015
31	Consumers transitioned out of an Nursing Facility and are living in qualified living arrangements in the community in calendar year 2015
1	Consumer transitioned out of an impatient hospital setting and is living in a qualified living arrangement in the community in calendar year 2015
56	Consumers transitioned out of an ICF/D and are living in qualified living arrangements in the community in calendar year 2014
24	Consumers transitioned out of a nursing facility and are living in qualified living arrangements in the community in calendar year 2014
50	Consumers transitioned out of an ICF/ID and are living in qualified living arrangements in the community in calendar year 2013
1	Consumer transitioned out of a nursing facility and is living in a qualified living arrangement in the community in calendar year 2013
49	Consumers transitioned out of an ICF/ID and are living in qualified living arrangements in the community in calendar year 2012
55	Consumers transitioned out of an ICF/ID and are living in qualified living arrangements in the community in calendar year 2011
56	Consumers transitioned out of an ICF/ID and are living in qualified living arrangements in the community in calendar year 2010.
53	Consumers have transitioned out of an ICF/ID and are living in qualified living arrangements in the community in calendar year 2009.
9	Consumers transitioned out of an ICF/ID and are living in qualified living arrangements in the community in calendar year 2008.
29%	Percentage of consumers who transitioned less than two months after enrollment. (This data is accurate as of 12/13/2021)
39%	Percentage of consumers who transitioned two to six months after enrollment. (This data is accurate as of 12/13/2021)
17%	Percentage of consumers who transitioned six to twelve months after enrollment. (This data is accurate as of 12/13/2021)

0%	Percentage of consumers who transitioned twelve to eighteen months after enrollment. (This data is accurate as of 12/13/2021)
0%	Percentage of consumers who transition eighteen to twenty-four months after enrollment (This data is accurate as of 12/13/2021)
115%	Percentage of consumers who transitioned 24 months or more. (This data is accurate as of 12/13/2021)
278	Consumers referred since January 13, 2020
1200	Consumers referred between September 2008 and October 2018
85	Referrals from individuals in nursing facilities since January 13, 2020
221	Referrals from individuals living in nursing facilities September 2008-October 2019
59	Consumers have transitioned back to Iowa from an out of state facility
145	Referrals have signed consents and were not able to move the last year of MFP taking new referrals (prior to 12/31/18) *MFP was allowed to resume accepting referrals on 1/13/2020
87	Consumers signed informed consent to begin transition planning in calendar year 2021
109	Consumers signed informed consent to begin transition planning in calendar year 2020 (no new referrals taken in 2019)
--	No new referrals taken in 2019
83	Consumers signed informed consent to begin transition planning in calendar year 2018
91	Consumers signed informed consent to begin transition planning in calendar year 2017
101	Consumers signed informed consent to begin transition planning in calendar year 2016
130	Consumers signed informed consent to begin transition planning in calendar year 2015
94	Consumers signed informed consent to begin transition planning in calendar year 2014
70	Consumers moved to the community in calendar year 2021
65%	Consumers are male (of those who moved in calendar year 2021)

35%	Consumers are female (of those who moved in calendar year 2021)
12%	Consumers are 0-10 years of age (of those who moved in calendar year 2021)
20%	Consumers are 11-19 years of age (of those who moved in calendar year 2021)
16%	Consumers are 20-29 years of age (of those who moved in calendar year 2021)
20%	Consumers are 30-39 years of age (of those who moved in calendar year 2021)
6%	Consumers are 40-49 years of age (of those who moved in calendar year 2021)
13%	Consumers are 50-59 years of age (of those who moved in calendar year 2021)
13%	Consumers are 60 and over (of those who moved in calendar year 2021)
753	Consumers successfully completed 365 days of MFP services and have transitioned to the Intellectual Disabilities Waiver or Brain Injury waiver

State Fiscal Year transition information

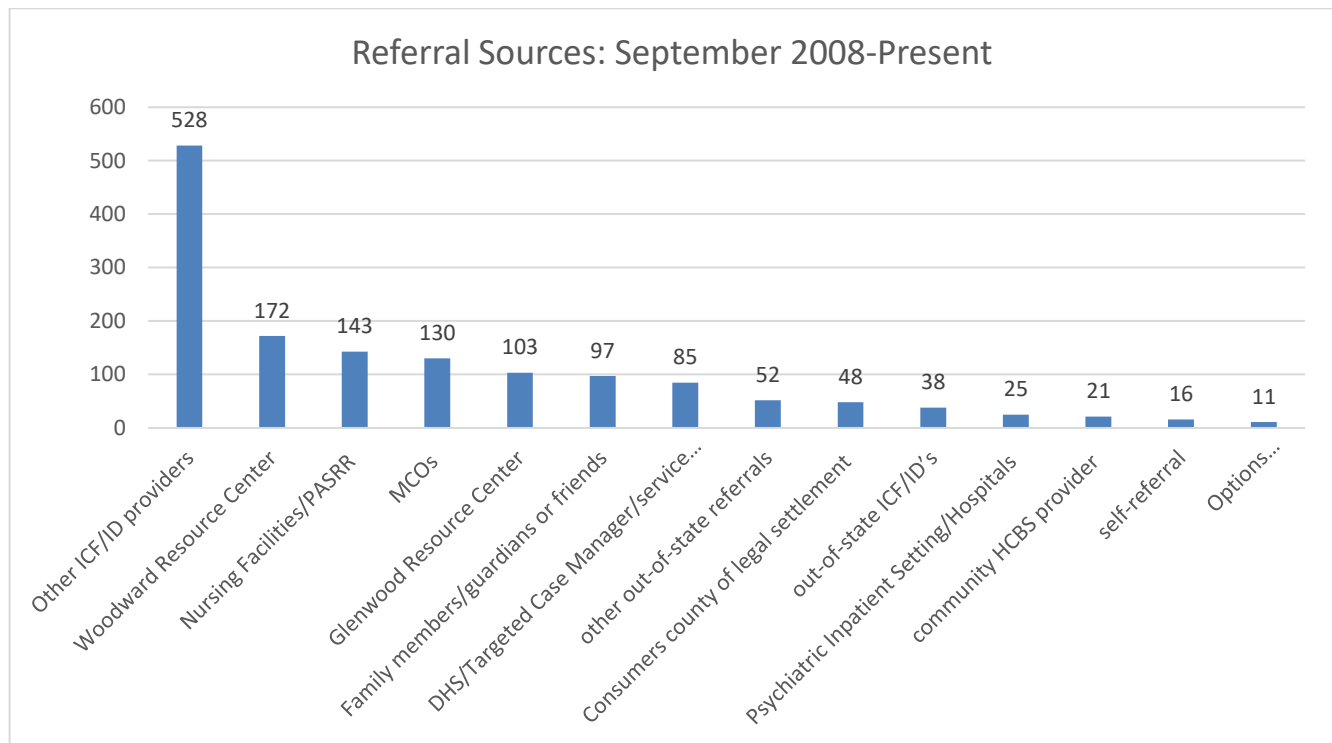
4	Consumers have transitioned from Woodward Resource Center during the fiscal year 2022
2	Consumer has transitioned from Glenwood Resource Center during the fiscal year 2022
30	Consumers have transitioned from private ICF/ID and nursing facilities during the fiscal year 2022
3	Consumers have transitioned from hospital settings during the fiscal year 2022
7	Consumers have transitioned from Woodward Resource Center during the fiscal year 2021
6	Consumer has transitioned from Glenwood Resource Center during the fiscal year 2021
65	Consumers have transitioned from private ICF/ID and nursing facilities during the fiscal year 2021
2	Consumers have transitioned from hospital settings during the fiscal year 2021
4	Consumers have transitioned from Woodward Resource Center during the fiscal year 2020
0	Consumers have transitioned from Glenwood Resource Center during the fiscal year 2020
25	Consumers have transitioned from private ICF/ID and nursing facilities during the fiscal year 2020
1	Consumers have transitioned from a PMIC during the fiscal year 2020
1	Consumers have transitioned from Woodward Resource Center during the fiscal year 2019
1	Consumer has transitioned from Glenwood Resource Center during the fiscal year 2019

56	Consumers have transitioned from private ICF/ID and nursing facilities during the fiscal year 2019
3	Consumers have transitioned from a PMIC during the fiscal year 2019
3	Consumers have transitioned from hospital settings during the fiscal year 2019
4	Consumers have transitioned from Woodward Resource Center during the fiscal year 2018
2	Consumer has transitioned from Glenwood Resource Center during the fiscal year 2018
69	Consumers have transitioned from private ICF/ID and nursing facilities during the fiscal year 2018
4	Consumers have transitioned from Woodward Resource Center during the fiscal year 2017
4	Consumers have transitioned from Glenwood Resource Center during the fiscal year 2017
35	Consumers have transitioned from private ICF/IDs and nursing facilities during the fiscal year 2017
5	Consumers have transitioned from Woodward Resource Center during the fiscal year 2016
0	Consumers have transitioned from Glenwood Resource Center during the fiscal year 2016
78	Consumers have transitioned from private ICF/ID's and nursing facilities during fiscal year 2016
1	Consumer has transitioned from Woodward Resource center during the fiscal year 2015
4	Consumers have transitioned from Glenwood Resource Center during the fiscal year 2015

Referrals received since September 2008

**ceased taking new referrals 10/01/2018*

***resumed referrals 01/13/2020*

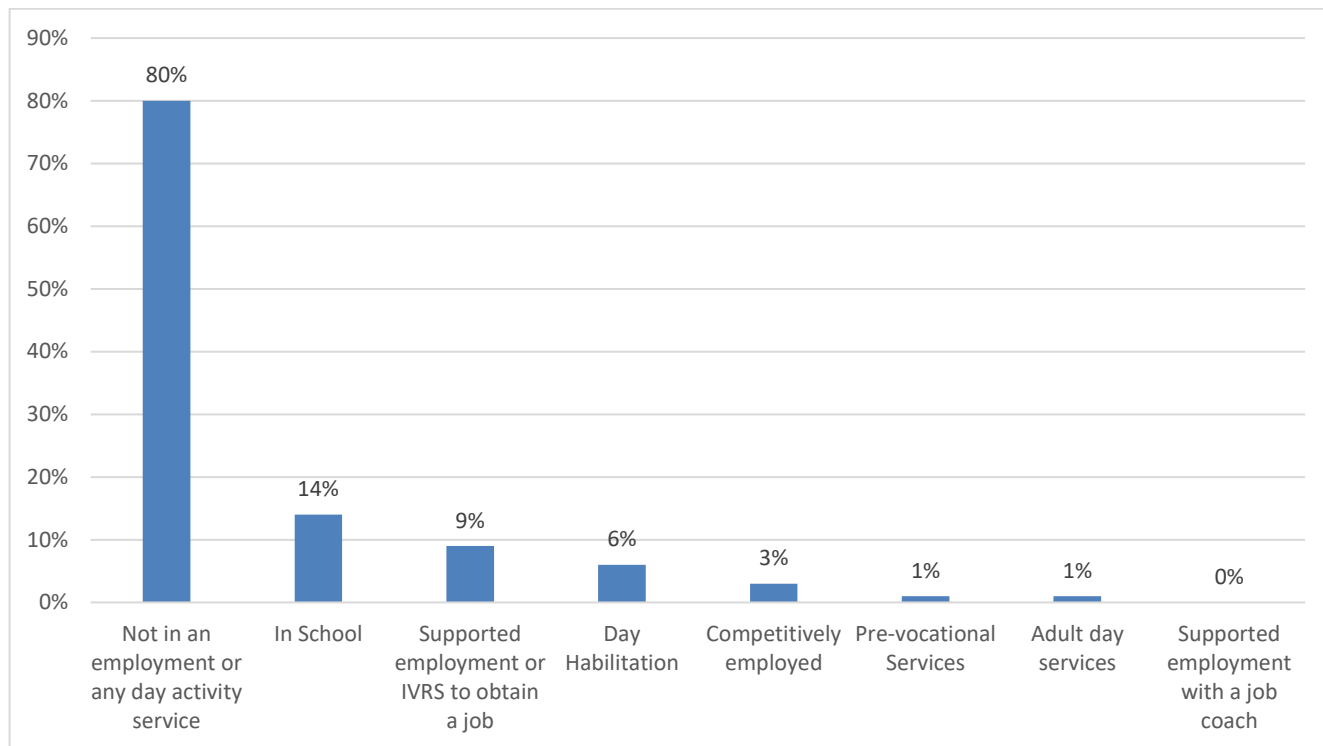


172	Referrals received from Woodward Resource Center
103	Referrals received from Glenwood Resource Center
530	Referrals received from other ICF/ID's providers
133	Referrals received from the MCOs
25	Referrals from a Psychiatric Inpatient Setting/Hospitals
144	Referrals received from Nursing Facilities/PASRR
38	Referrals received from out-of-state ICF/ID's
52	Referrals received from other out-of-state referrals
97	Referrals received from family members/guardians or friends
48	Referrals received from consumers county of legal settlement
85	Referrals received from DHS/Targeted Case Manager/service coordinator
11	Referrals received from Options Counselors/ADRC/Ombudsman office/Advocacy Group
16	Referrals received as a self-referral
21	Referral received from a community HCBS provider

Provider enrollment

309	Providers have enrolled to provide MFP services.
13	Providers are currently enrolled to provide Mental Health Outreach (none currently provide the service)
10	Providers have enrolled to provide Nurse Delegation (none currently provide the service)
43	Providers have enrolled to provide Behavioral Programming (none currently provide the service)
9	Provider have enrolled to provide Crisis Intervention Services (none currently provide the service)

Day activity services utilized

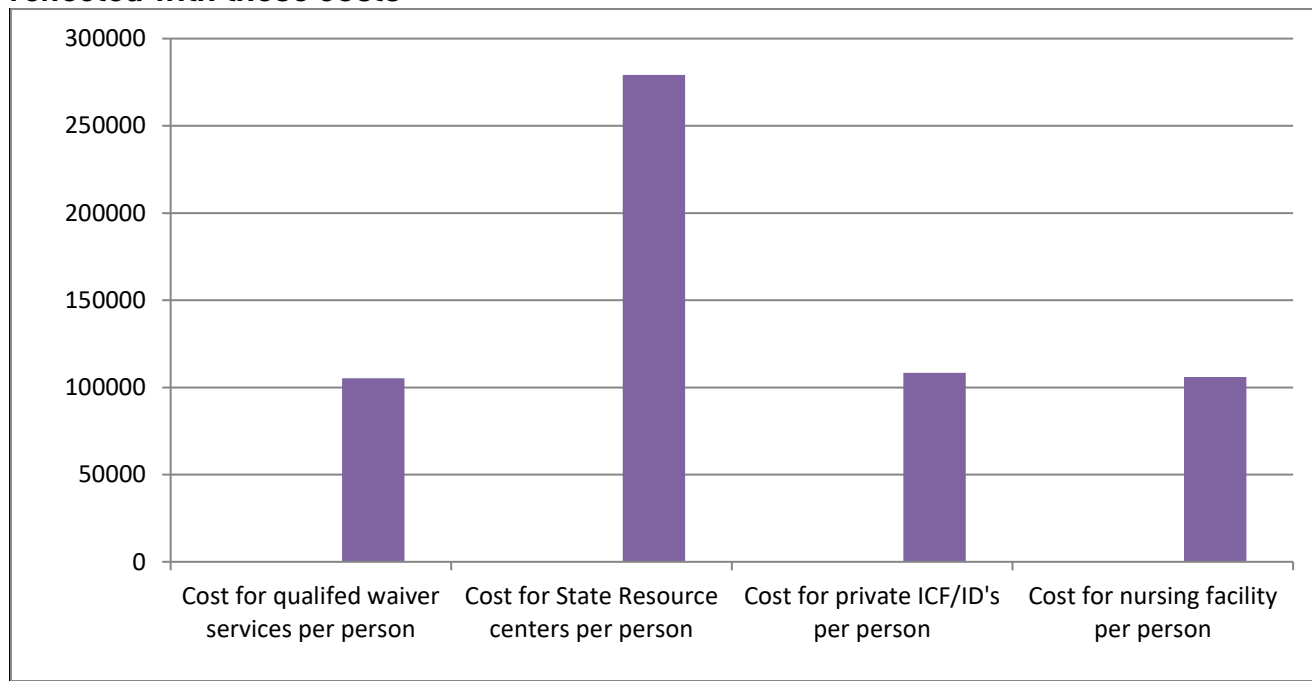


1%	Consumers are using pre-vocational services (this only includes current MFP consumers)
14%	Consumers are in school (this only includes current MFP consumers)
6%	Consumers are using day habilitation (this only includes current MFP consumers)
80%	Consumers are currently not in an employment or any day activity service (this only includes current MFP consumers)
9%	Consumers are currently using supported employment or IVRS to obtain a job. (this only includes current MFP consumers)
3%	Consumers are competitively employed (this only includes current MFP consumers)
0%	Consumers are using supported employment with a job coach (this only includes current MFP consumers)
1%	Consumers are using adult day services (this only includes current MFP consumers)
NA	Consumers are using enclave services (this only includes current MFP consumers)
8	Consumers are working with the Employment Specialist to find employment or find an employment provider or apply at IVRS. These are current and past MFP members and include people who are employed. ** Our new Employment Specialist started 11/29/21 and is in the process of beginning to work with MFP participants. (12/2021)

****some individuals may be participating in more than one service at a time***

Cost Information- Not updated since 2016

Please note that the following cost information is based on paid claims processed through November 2016. There may be outstanding paid claims or adjustments not reflected with these costs



- \$106,672 is the average cost per person for all qualified waiver services, permanent services to be added to the waiver, demonstration services and supplemental services received during the 365 days of the MFP period. (Please see the attached chart at the end of this document as to what these services can include). This is based on the costs of 377 people that completed the 365 days of MFP and have a higher probability of paid claims processed. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed.
- \$105,163 is the average cost per person for only the qualified waiver services received during the 365 days of the MFP period. (Please see the attached chart at the end of this document as to what these services can include). This is based on the costs of for 377 people that completed the 365 days of MFP and have a higher probability of paid claims processed. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed.
- \$3668.12 is the average cost per person for all other Medicaid services received during the 365 days of the MFP period (this may home health, nursing and some mental health services). This is based on the costs of 377 people that completed the 365 days of MFP and have a higher probability of paid claims processed. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed
- \$279,184 is the average cost per person for the state resource centers ICF/ID services for the year prior to the start date of MFP. This is based on the costs of 116 people that completed the 365 days of MFP and have a higher probability of all paid claims processed. These costs

may not include some specialized medical services. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed.

- \$108,404 is the average cost per person for private ICF/ID services for the year prior to the start date of MFP. This is based on the costs of 227 people that completed the 365 days of MFP and have a higher probability of all paid claims processed. These costs may not include some specialized medical services. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed.
- \$105,913 is the average cost per person for nursing facility services for the year prior to the start date of MFP. This is based on the costs of 34 people that completed the 365 days of MFP and have a higher probability of all paid claims processed. This includes individual who transitioned back to Iowa from out-of-state placements
- \$2329 is the average cost per person for demonstration purchases such as assistive devices environmental modifications, community provider participation and ICF/ID trial overnights. This is based on the costs for all MFP consumers who received these services.
- \$2418 is the average cost per person for supplemental purchases such as initial household set up costs, clothing and durable medical equipment. This is based on costs for all MFP consumers who received these services. Examples of supplemental purchases: Furniture, clothing, rent deposits, kitchen supplies, bathrooms items, lawn mower, cleaning supplies, cell phones, televisions, bath chair, calling cards, basketball hoop, garden supplies, bicycles, weed eaters, pool passes, sign language books, weighted blanket and vest, padding for walls and floors, exercise equipment and back up medical supplies.
- \$338 is the average daily rate cost for Supported Community Living Services with paid claims. The highest daily rate paid to date is \$957; the lowest daily rate paid is \$91.

Challenges

- Providers over-all continue to struggle to be able to support individuals with multiple complex needs. On December 1, 2017, a tiered rate structure for providers providing 24 hour support was implemented. It was difficult for the new payment structure to support individuals with multiple complex needs. The tier rates were revised effective March 15, 2019, and increased the rate for Tiers 5 and 6 while decreasing the rate for Tiers 1 and 2. We have since observed providers no longer voicing reluctance to serve individuals with complex needs when the provider judges the assigned tier aligns with the supports necessary to meet the person's needs. However, many providers continue to struggle to successfully support people with highly complex behavioral needs.
- Finding employment options or meaningful daytime activities for the individuals in many communities continues to be challenging. The Transition Specialists continue to struggle to locate adequate and timely services for MFP participants. If an individual has behavioral incidents in their social history or more complex medical needs, many providers are unwilling to accept them into their programs. In the midst of the pandemic, access to these services has been increasingly challenging. More MFP participants are not engaged in any employment, day habilitation, or other day services option than the last reporting period. This is not entirely due to lack of interest but rather lack of available services.
- The Transition Specialists continue to have some difficulty with recruiting providers in rural or smaller communities that some individuals want to move to. This, at times, is possibly due to regional funding limitations and reluctance to authorize providers to open new homes. However, we are increasingly hearing that the biggest challenge is finding adequate workforce in these communities. In some cases, providers from more urban communities have been willing to start services in a less-populated area, however that has not been broadly available. The workforce issues are increasingly impacting all service providers regardless of location. Many providers have closed locations over the course of the past year due to lack of workforce.
- Even when a lot of time was spent by all parties training on the behavior support plan, the plan is not always followed. Some providers seem quick to discharge when problems arise. Discharge policies also are not always in place. If a discharge policy is in place, that doesn't mean it is followed or that there is an alternative living environment for the discharged individual. Additionally, with high turnover rates new staff are often not afforded the same training that was provided to staff serving an individual when they initially moved.
- A few providers, as well as the MCOs and families, may also move too quickly to transition an individual once accepted, not referring a person to MFP early enough for careful planning to take place or taking full advantage of the MFP resources. At times there seems to be an emphasis on "filling the bed" and not ensuring all the training and supports are in place to successfully support the individual. There are pressures from the other end of the chain, as well, as facilities push for people to leave quickly and challenge team members' requests for thorough planning and training. Iowa's MFP program continues to emphasize that we support a person to transition to the community where they want to live, not just to move from one building to another. When planful transition processes are not honored, individuals often struggle in their new homes and communities.

- Emergency situations continue to arise where a facility provider has given an individual a 30 day or emergency discharge notice, and at that time a referral is made for MFP services. Careful and thoughtful transition planning cannot be done in these emergency situations, and the individuals often struggle in their new community settings.
- Providers continue to experience very high turn-over with staff. Staff originally trained on MFP participants' support needs may not be the staff that continues to work with the individual. MFP can continue to provide on-going training to new staff but sometimes crisis situations arise before this can happen. MFP is not always aware of changes in staff in a timely manner, and providers often don't request or accept additional support. Lack of time for staff training due to workforce shortages is often cited, and providers have shared with Transition Specialists that they are cutting back training even further as the workforce crisis worsens.
- We have had a few individuals in need of crisis intervention services including out-of-home crisis placement that are not be immediately available or available at all. Over the life of the program, this has led to hospitalizations for some and a return to a facility for others. This has continued to be true in 2021, and it appears to be increasing. Iowa's MFP program is starting to track these instances more closely and is sharing this information with IME.
- MFP has seen an increase in the pediatric population being referred to the program since the decreased length of stay requirement was implemented in January 2021. There is a lack of pediatric HCBS providers across the state to meet the needs of these young MFP participants.
- Hourly SCL services, let alone reliable ones, are increasingly difficult to find for MFP participants. Many providers offer the service, but due to lack of staff are unable to meet the needs of the individuals we are referring to them. Many don't have the capacity to serve any additional individuals, some may add a person to a wait list, and many will accept a person into services but decline to commit to reliable and/or consistent staff to meet a person's needs.
- Transportation presents a challenge to many MFP participants, especially those living in more rural or suburban communities. If transportation is obtainable, the hours of availability are often limited to weekday business hours, limiting a person's ability to participate in their community in evenings and on weekends.

Opportunities-Community Capacity Building Efforts

- MFP has been collaborating with the managed care organizations (MCOs) to coordinate care and support for MFP members as they transition from facilities, during the demonstration year, and transition over to their designated waiver. Since 2020, this collaboration has been more formalized with monthly meetings between MFP and each MCO for coordination and collaboration purposes.
- MFP is participating in the state's Community Integration Project and has contributed to subcommittees and workgroups in the areas of Communication, Quality, Provider Capacity, and Behavior Support Planning.
- MFP has a one and half FTEs for a Behavioral Specialist who can provide Positive Behavioral Supports training, on-site consultation/observation, and behavioral planning development and training to MFP providers. The Behavioral Specialists can also provide support and technical assistance through a tele-health system.

- MFP has a full-time FTE for an Employment Specialist to work with the individuals served, Transition Specialists and other members of the transition team, local providers, Vocational Rehabilitation, community businesses and other state partners to increase employment opportunities for MFP consumers and address the systemic employment barriers.
- The MFP Program Manager has engaged in numerous outreach efforts with various partners in an effort to improve understanding of the program, explain transition processes that have proven to support successful transitions, and emphasize the importance thoughtful and thorough planning in supporting a person's positive quality of life in their new home.

Community Capacity Building Efforts with Rebalancing Dollars

As a sustainability element, MFP demonstrations require that savings be utilized to build community capacity. MFP "Rebalancing Funds" refers to the net revenue each state receives from the enhanced FMAP rate (over the state's regular FMAP) for qualified and demonstration HCBS services provided to MFP participants. MFP grantees are required to reinvest the rebalancing funds in initiatives that will help to rebalance the long-term care system. Iowa has used rebalancing funds for the following capacity building efforts.

- Each year Iowa increases the number of people served in HCBS services and increases spending. Iowa has spent \$11,549,335 on increasing slots and deterring waiting lists with rebalancing dollars
- Prior to 2014, Iowa did not have a standardized assessment tool to establish level of care for individuals seeking ICF/ID or waiver services. The Supports Intensity Scale was identified as the assessment that could establish LOC and identify supports needed. The SIS was piloted with the MFP populations to determine if it was the appropriate tool. The SIS was then mandated by Legislation as the assessment tool for people with Intellectual Disabilities. Statewide implementation began in 2014. \$13,200 of rebalancing dollars were spent on this activity
- Iowa's Technical and Behavioral Supports Program (I-TABS) provides training to provider, medical professionals and other community professionals and partners on disability specific topics. They also provide individual consultation to providers working with people experience challenging behaviors. Iowa has spent \$743,241 on this activity.
- Iowa COMPASS offers information and referral Used Equipment Referral Service and legal advocacy and representation for Iowans with disabilities and their families, friends, and services providers. It offers information through a 1-800 number and a web-based system. Iowa has spent \$5,326,426 with rebalancing dollars on this activity
- College of Direct Supports is an on-line training program for community providers, guardians, and family members interested in working with MFP as well as other providers providing services to the disability population. The CDS provides a validated and specialized curriculum to enhance and develop a direct support workforce. Iowa spent \$5,724,678 of rebalancing dollars on this activity. The state reevaluated this effort in 2019, and the University Center for Excellence on Development and Disability (UCEDD) at the University of Iowa is currently

developing a learning management system to meet identified current and anticipated future needs for training and capacity building in the state.

- The Money Follows the Person Community Reinvestment Initiative (MFPCRI) Grant program provided funding to assist ICF/ID providers with costs associated with transitioning their services to community HCBS services. The MFPCRI program accepted proposals from ICF/ID providers that were transitioning their residents out of their facilities and into HCBS services and closing the facility described in their application. We had one applicant respond to an RFP and they were awarded a grant in April 2015. Iowa spent \$30,000 of rebalancing dollars with this activity.

Services for Iowa's MFP Project

Qualified HCB Program Services (80.9% match)	HCB Demonstration Services (80.9% match)	Supplemental Services (80.9% match)
<ul style="list-style-type: none"> • Adult Day Care • CDAC • Day Habilitation • Consumer Choices Option • Home Health Aide • Home/Vehicle Modifications • Interim Medical Monitoring • Nursing • Personal Emergency Response • Prevocational Services • Respite • Supported Community Living • Supported Employment • Transportation <p>Permanent Services to be added:</p> <ul style="list-style-type: none"> • Mental Health Outreach Behavioral Programming Crisis Intervention Services 	<ul style="list-style-type: none"> • Transition Services Coordination • ICF/ID staff participation in trial overnights Community provider participation in transition planning and preparation • Assistive Technology not covered in ID Waiver (e. g. computers, med. dispensing equipment) • Environmental modifications (e.g. for safety) • Nurse Delegation 	<ul style="list-style-type: none"> • Initial household set up costs • DME • Clothing